

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
(BOARD NAME)

STATEMENT OF CONTRACT AWARD

SOLICITATION NUMBER: [REDACTED]

SOLICATION TITLE: [REDACTED]

SOLICITATION ISSUE DATE: [REDACTED]

SUBMISSION DEADLINE: [REDACTED]

AWARD DATE: [REDACTED]

Executive Director

(Board Name)

AWARD(S) ARE MADE TO THE FOLLOWING:

VENDOR: [REDACTED]
[REDACTED]
[REDACTED]

Lot A/Total Price \$ [REDACTED]

Start Date: [REDACTED]

Total Potential Value: [REDACTED]

Maximum Contract Period: [REDACTED]

AWARD NOTES:

1. USING REGION WILL ISSUE ALL PURCHASE ORDERS FOR THIS CONTRACT.
2. REFER TO ORIGINAL SOLICITATION DOCUMENT FOR APPLICABLE OPTION TO EXTEND REQUIREMENTS.
3. TAX IS NOT INCLUDED IN THIS AWARD. APPLICABLE TAXES MAY BE ADDED TO INVOICE(S).
4. RIGHTS OF PROTEST- ANY PROSPECTIVE BIDDER, OFFEROR, CONTRACTOR OR SUBCONTRACTOR WHO BELIEVES THAT THEY HAVE BEEN AGGRIEVED IN CONNECTION WITH THIS SOLICITATION OR SUBSEQUENT AWARD OF A CONTRACT, SHALL EXERCISE THEIR RIGHT TO PROTEST AS SET FORTH. UNDER SECTION 11-35-4210 OF THE SOUTH CAROLINA CONSOLIDATED PROCUREMENT CODE AND ANY REVISIONS THEREOF.
5. QUOTES RECEIVED AT LESS THAN THAT OF AWARD WERE REJECTED AS THEY DID NOT MEET ADVERTISTED SPECIFICATIONS OR REQUESTED AND RECEIVED APPROVAL FOR THEIR QUOTE TO BE WITHDRAWN.

cc: Consumer
DDSN
Vendor